



**ONE TEAM,  
ONE GOAL,  
ONE MISSION**

# Application for a Fire Suppression other than Sprinkler

## Development Services

6051 Old Bagdad Highway, Suite 202

Milton, FL 32583

Phone: 850-981-7000

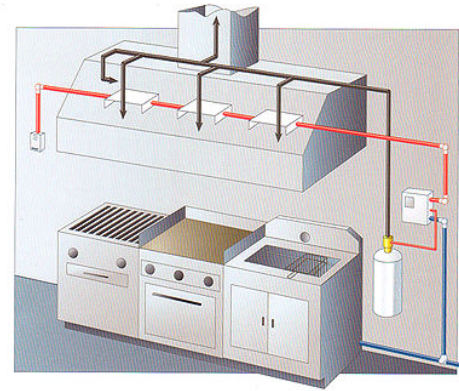
[www.santarosa.fl.gov](http://www.santarosa.fl.gov)

## Division of Community Planning, Zoning and Development

Fax: 850-983-9874

## Building Inspection and Code Compliance

Fax: 850-623-1208



Revised February 2014

If your job is located within the city limits of Milton, Holley-Navarre Fire District or Midway Fire District, please do not fill out this application. Please contact the appropriate jurisdiction.

City of Milton: 850-983-5430

Holley-Navarre Fire District: 850-939-5236

Midway Fire District: 850-932-4771

If this is a project for the Santa Rosa County School Board, please contact Tim Tolbert at 850-417-3955.

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## **Submission Requirements:**

Please submit two complete sets of system specifications including details of equipment and equipment layout.

## **Notice to Applicant:**

Prior to issuance of a permit, we must have on file a current copy of the following:

1. State License
2. Occupational License
3. Liability Insurance
4. Workmen's Compensation

## **Fire Suppression Sequence of inspections:**

1. Rough-in inspection of pipe and heads
2. Pressure test (INSPECTOR MUST WITNESSED PRESSURE-UP OF SYSTEM AND DURATION TEST)
3. Final test and certification inspection.

# Property Information

Property Owner: \_\_\_\_\_ Job Address: \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Phone Number: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_  
 Mailing Address for Property Owner: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Driving Directions to Site From Public Service Complex (6051 Old Bagdad Hwy, Milton): \_\_\_\_\_

# Job Information

☐ New or ☐ Existing  


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☐ Repair ☐ Alteration ☐ Addition  


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☐ New System  
☐ Existing Upgrade/Change Out  


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**Cost of Construction:**  
 \$ \_\_\_\_\_  
**Project #:**  
 \_\_\_\_\_

\_\_\_\_\_ Hood Suppression  
 \_\_\_\_\_ Paint Booth Suppression  
 \_\_\_\_\_ Hazardous Storage

.....  
 If this is a change-out please give a brief description of work to be done: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# FIRE SUPPRESSION OTHER THAN SPRINKLER

# Contractor

Applicant: \_\_\_\_\_ License #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Signature of Qualifier: \_\_\_\_\_

# For Office Use

Permit # \_\_\_\_\_ Application #: \_\_\_\_\_ Issued Date: \_\_\_\_\_  
 Zoning Classification: \_\_\_\_\_ Accepted By: \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Written By: \_\_\_\_\_